

Return of Organization Exempt From Income Tax

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

B Check if applicable: C Name of organization CASE WESTERN RESERVE UNIVERSITY D Employer identification number 34-1018992 E Telephone number (216) 368-2126 F Name and address of principal officer: ERIC KALER 10900 EUCLID AVENUE, CLEVELAND, OH 44106-7006 G Gross receipts \$ 2,801,368,506 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: HTTP://WWW.CASE.EDU K Form of organization: L Year of formation: 1826 M State of legal domicile: OH

Part I Summary

Table with 22 rows and 4 columns. Rows include: 1 Briefly describe the organization's mission or most significant activities; 2-7a Summary rows; 7b Net unrelated business taxable income; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer BRIAN BURNETT, EXECUTIVE VICE PRESIDENT AND CFO. Date 5/11/26.

Paid Preparer Use Only: Print/Type preparer's name ERIC M. MCNEIL, Preparer's signature Eric M. McNeil, Date 05/08/2026, Check if self-employed, PTIN P00460263, Firm's name PWC US TAX, LLP, Firm's EIN 92-0460586, Firm's address 2001 MARKET STREET SUITE 1800, PHILADELPHIA, PA 19103, Phone no. (267) 330-3000.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
(SEE ON SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 812,032,232 including grants of \$ 291,467,862 ) (Revenue \$ 682,911,153 )  
THE ACADEMIC PROGRAMS OF CASE WESTERN RESERVE UNIVERSITY ARE ADMINISTERED THROUGH ITS SCHOOLS AND COLLEGES. CURRENTLY 12,545 STUDENTS ARE ENROLLED IN PROGRAMS LEADING TO UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREES ADMINISTERED THROUGH THE UNIVERSITY'S NINE SCHOOLS: THE CASE SCHOOL OF ENGINEERING, THE COLLEGE OF ARTS AND SCIENCES, THE MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES, THE SCHOOL OF DENTAL MEDICINE, THE SCHOOL OF GRADUATE STUDIES, THE SCHOOL OF LAW, THE WEATHERHEAD SCHOOL OF MANAGEMENT, THE SCHOOL OF MEDICINE AND THE FRANCES PAYNE BOLTON SCHOOL OF NURSING.

**4b** (Code: ) (Expenses \$ 446,760,775 including grants of \$ 40,707,528 ) (Revenue \$ )  
CASE WESTERN RESERVE UNIVERSITY IS CLASSIFIED AS A RESEARCH UNIVERSITY (VERY HIGH RESEARCH ACTIVITY) - EXTENSIVE BY THE CARNEGIE COMMISSION ON HIGHER EDUCATION. THIS CLASSIFICATION IS GIVEN TO THOSE INSTITUTIONS THAT TRAIN THE GREATEST NUMBER OF FUTURE RESEARCHERS (USUALLY MEASURED BY THE NUMBER OF PHD STUDENTS) AND TO THOSE INSTITUTIONS THAT RECEIVE THE MOST FEDERAL FUNDS. IN ADDITION TO FEDERAL SOURCES, RESEARCH IN THE SCIENCES, THE HUMANITIES AND THE HEALTH SCIENCES AREA IS FUNDED BY GIFTS AND GRANTS FROM PRIVATE FOUNDATIONS, CORPORATIONS AND INDIVIDUALS.

**4c** (Code: ) (Expenses \$ 103,405,524 including grants of \$ ) (Revenue \$ 108,262,146 )  
AUXILIARIES PROVIDES SEVERAL SERVICES WHICH, ALTHOUGH NOT DIRECTLY RELATED TO ITS ACADEMIC MISSION, ARE NEVERTHELESS AN INTEGRAL PART OF THE OVERALL EDUCATIONAL EXPERIENCE OF ITS STUDENTS. THE PROVISION OF CAMPUS HOUSING AND BOARD PLANS, AND PHONE SERVICES ARE EXAMPLES OF CURRENT AUXILIARY SERVICES.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 110,072,295 including grants of \$ ) (Revenue \$ 47,199,478 )

**4e** Total program service expenses 1,472,270,826

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		✓
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No	
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	16,528	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 10,967		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		<input checked="" type="checkbox"/>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<input checked="" type="checkbox"/>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AZ, CO, DC, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
BRIAN BURNETT, 10900 EUCLID AVENUE, CLEVELAND, OH 44106-7006, (216) 368-2126

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC KALER PRESIDENT, EX OFFICIO	60.0	✓		✓				2,096,565	0	52,155
(2) STANTON GERSON SR. VP; DEAN & PROFESSOR	60.0				✓			1,393,242	0	251,912
(3) JOHN SIDERAS EXECUTIVE VP FOR FINANCE & CFO (END 1/31/25)	60.0			✓				1,005,794	0	53,084
(4) GARY SCHWARTZ PROFESSOR	60.0					✓		988,642	0	52,155
(5) DALE BAUR PROFESSOR	60.0					✓		918,941	0	51,847
(6) CAROL MOSS SR. VP FOR UNIVERSITY RELATIONS AND DEVELOPMENT	60.0				✓			828,839	0	52,812
(7) TIM MILANICH CHIEF INVESTMENT OFFICER	60.0					✓		774,773	0	57,151
(8) JOY WARD PROVOST & EXECUTIVE VICE PRESIDENT	60.0			✓				662,215	0	46,471
(9) JONATHAN HAINES PROFESSOR	60.0					✓		628,257	0	53,084
(10) PETER POULOS VP, GEN COUNSEL, SECRETARY	60.0			✓				617,524	0	52,121
(11) LIA LOGIO VICE DEAN & PROFESSOR	60.0					✓		576,525	0	57,600
(12) PAMELA DAVIS PROFESSOR	60.0						✓	511,223	0	46,620
(13) MICHAEL LEE TREASURER	60.0			✓				240,885	0	35,467
(14) SCOTT COWEN TRUSTEE	2.0	✓						235,502	0	21,822

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRIAN D. BURNETT EXECUTIVE VICE PRESIDENT AND CFO (BEG 1/1/25)	60.0			✓				0	0	0
(16) VIRGINIA BARBATO TRUSTEE	2.0	✓						0	0	0
(17) WAEL BARSOUM, M.D. TRUSTEE	2.0	✓						0	0	0
(18) W. CRAIG BASHEIN TRUSTEE	2.0	✓						0	0	0
(19) COLLEEN BATCHELER TRUSTEE	2.0	✓						0	0	0
(20) AMY G. BRADY TRUSTEE	2.0	✓						0	0	0
(21) DAVID M. CARR TRUSTEE	2.0	✓						0	0	0
(22) AARTI CHANDNA VICE CHAIR OF THE BOARD OF TRUSTEES	2.0	✓						0	0	0
(23) GORDON R. DAILY TRUSTEE	2.0	✓						0	0	0
(24) FRED DISANTO TRUSTEE	2.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>								11,478,927	0	884,301
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								11,478,927	0	884,301

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,173

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INDEPENDENCE CONSTRUCTION LLC, 6400 E SCHAAF ROAD, INDEPENDENCE, OH 44131	CONSTRUCTION SERVICES	58,627,829
BON APPETIT, 10900 EUCLID AVENUE, CLEVELAND, OH 44106	CATERING & MEAL PLAN SERVICES	19,793,591
DISCOVERY BUILDERS JV, 1422 EUCLID AVENUE, SUITE 200, CLEVELAND, OH 44115	CONSTRUCTION SERVICES	15,623,847
SHOOK INC, 6860 W SNOWVILLE ROAD, BRECKSVILLE, OH 44141	CONSTRUCTION SERVICES	11,382,109
TURNER CONSTRUCTION COMPANY, 1422 EUCLID AVE, SUITE 200, CLEVELAND, OH 44115	CONSTRUCTION SERVICES	7,013,459
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	113	

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>						
	<b>e</b>	Government grants (contributions)	<b>1e</b>	430,994,240					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	288,318,012					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 267,883					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		719,312,252					
	<b>Program Service Revenue</b>				Business Code				
<b>2a</b>		TUITION AND FEES	611430	682,911,153	682,911,153				
<b>b</b>		SALES AND SERVICE AUX	713940	47,199,478	45,668,136	1,531,342			
<b>c</b>		SALES AND SERVICE EDU	541800	108,262,146	108,262,146				
<b>d</b>									
<b>e</b>									
<b>f</b>		All other program service revenue . .		0	0	0	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		838,372,777					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		42,461,573		20,223,975	22,237,598		
	<b>4</b>	Income from investment of tax-exempt bond proceeds							
	<b>5</b>	Royalties . . . . .		980,314			980,314		
	<b>6a</b>	Gross rents . . . . .	(i) Real						
			(ii) Personal						
			<b>6a</b>	278,992					235,893
			<b>6b</b>	601,256					914,652
	<b>c</b>	Rental income or (loss)	<b>6c</b>	(322,264)	(678,759)				
	<b>d</b>	Net rental income or (loss) . . . . .		(1,001,023)		(310,238)	(690,785)		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities						
			(ii) Other						
			<b>7a</b>	1,199,726,705					
			<b>7b</b>	1,064,380,760					118,788
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	135,345,945	(118,788)				
	<b>d</b>	Net gain or (loss) . . . . .		135,227,157			135,227,157		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .								
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .								
		<b>9a</b>							
		<b>9b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . .								
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .								
		<b>10a</b>							
		<b>10b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . . .								
<b>Miscellaneous Revenue</b>				Business Code					
	<b>11a</b>								
	<b>b</b>								
	<b>c</b>								
	<b>d</b>	All other revenue . . . . .		0	0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,735,353,050	836,841,435	21,445,079	157,754,284			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	326,686,868	326,686,868		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,488,522	5,488,522		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,718,400	1,458,279	4,492,924	767,197
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	480,414,094	416,530,148	57,276,264	6,607,682
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,290,040	31,138,996	4,601,636	549,408
<b>9</b> Other employee benefits	65,402,499	55,085,085	8,293,143	2,024,271
<b>10</b> Payroll taxes	30,660,490	26,308,510	3,887,800	464,180
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	1,392,639	500,843	891,796	
<b>b</b> Legal	8,188,262	109,496	7,621,783	456,983
<b>c</b> Accounting	693,911		693,911	
<b>d</b> Lobbying	748,334		748,334	
<b>e</b> Professional fundraising services. See Part IV, line 17	321,753			321,753
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	68,946,652	64,997,257	3,719,566	229,829
<b>12</b> Advertising and promotion	2,561,907	1,544,175	1,000,021	17,711
<b>13</b> Office expenses	94,515,706	89,450,655	4,731,130	333,921
<b>14</b> Information technology	25,135,882	11,677,394	13,234,441	224,047
<b>15</b> Royalties				
<b>16</b> Occupancy	73,919,766	71,968,061	1,935,518	16,187
<b>17</b> Travel	17,600,962	15,928,345	1,288,104	384,513
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,885,542	6,023,702	686,986	174,854
<b>20</b> Interest	29,348,690	27,624,763	1,723,927	
<b>21</b> Payments to affiliates	11,024,182	11,024,182		
<b>22</b> Depreciation, depletion, and amortization	85,251,415	73,661,641	11,589,774	
<b>23</b> Insurance	32,718,555	3,501,116	29,217,439	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CCLCM	148,881,910	148,881,910		
<b>b</b> RESEARCH	65,917,410	65,917,410		
<b>c</b> PROVISION FOR BAD DEBTS	7,548,992	7,548,992		
<b>d</b> MAINTENANCE SUPPLIES	4,255,356		4,255,356	
<b>e</b> All other expenses	14,315,290	9,214,476	4,873,299	227,515
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,651,834,029	1,472,270,826	166,763,152	12,800,051
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	207,036,380	<b>1</b>	210,521,349
	<b>2</b> Savings and temporary cash investments . . . . .	71,617,838	<b>2</b>	72,064,283
	<b>3</b> Pledges and grants receivable, net . . . . .	253,678,699	<b>3</b>	275,560,925
	<b>4</b> Accounts receivable, net . . . . .	15,862,035	<b>4</b>	18,433,534
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	34,699,378	<b>7</b>	32,187,624
	<b>8</b> Inventories for sale or use . . . . .	104,326	<b>8</b>	103,638
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,575,716	<b>9</b>	9,021,383
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,465,947,186		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,504,729,905	875,799,302	<b>10c</b> 961,217,281
	<b>11</b> Investments—publicly traded securities . . . . .	760,068,458	<b>11</b>	666,401,500
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,765,189,141	<b>12</b>	1,913,911,718
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	494,279,724	<b>15</b>	513,226,966
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	4,486,910,997	<b>16</b>	4,672,650,201	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	107,614,498	<b>17</b>	101,409,651
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	355,122,562	<b>20</b>	337,099,629
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	572,880,670	<b>23</b>	615,960,203
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	168,300,171	<b>25</b>	147,666,109
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,203,917,901	<b>26</b>	1,202,135,592
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	479,735,436	<b>27</b>	503,302,263
	<b>28</b> Net assets with donor restrictions . . . . .	2,803,257,660	<b>28</b>	2,967,212,346
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	3,282,993,096	<b>32</b>	3,470,514,609
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,486,910,997	<b>33</b>	4,672,650,201	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,735,353,050
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,651,834,029
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	83,519,021
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,282,993,096
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	94,688,813
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	9,313,679
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,470,514,609

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	✓	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) GEOFFREY DUYK M.D., PHD ----- TRUSTEE	2.0 -----	✓						0	0	0
(26) JAMES E. FLEMING, JR., MD ----- TRUSTEE	2.0 -----	✓						0	0	0
(27) VINCENT GAUDIANI, M.D. ----- TRUSTEE	2.0 -----	✓						0	0	0
(28) JULIE GERBERDING, M.D., M.P.H ----- CHAIR OF THE BOARD OF TRUSTEES	2.0 -----	✓						0	0	0
(29) JOANN GLICK ----- TRUSTEE	2.0 -----	✓						0	0	0
(30) ROE GREEN ----- TRUSTEE	2.0 -----	✓						0	0	0
(31) CHARLES HALLBERG ----- TRUSTEE	2.0 -----	✓						0	0	0
(32) J. DAVID HELLER ----- TRUSTEE	2.0 -----	✓						0	0	0
(33) STEPHEN HOFFMAN ----- TRUSTEE	2.0 -----	✓						0	0	0
(34) JOHN KOBBS II ----- TRUSTEE	2.0 -----	✓						0	0	0
(35) CHARLES J. KOCH ----- TRUSTEE	2.0 -----	✓						0	0	0
(36) WILLIAM LEWIS ----- TRUSTEE	2.0 -----	✓						0	0	0
(37) FRANK N. LINSALATA ----- TRUSTEE	2.0 -----	✓						0	0	0
(38) KATHY MAGLIATO ----- TRUSTEE	2.0 -----	✓						0	0	0
(39) JOSEPH MANDATO ----- TRUSTEE	2.0 -----	✓						0	0	0
(40) THOMAS MANDEL ----- TRUSTEE	2.0 -----	✓						0	0	0
(41) MILTON MARQUIS ----- TRUSTEE	2.0 -----	✓						0	0	0
(42) SARA MOLL, PHD ----- TRUSTEE	2.0 -----	✓						0	0	0
(43) SUSAN MUCCIARONE ----- TRUSTEE	2.0 -----	✓						0	0	0
(44) RICHARD MUELLER ----- TRUSTEE	2.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JACQUELYN NANCE ----- TRUSTEE	2.0 -----	✓						0	0	0
(46) ROBERT PAVEY ----- TRUSTEE	2.0 -----	✓						0	0	0
(47) LAURA QUATELA ----- TRUSTEE	2.0 -----	✓						0	0	0
(48) JAMES A. RATNER ----- TRUSTEE	2.0 -----	✓						0	0	0
(49) RONALD RICHARD ----- TRUSTEE	2.0 -----	✓						0	0	0
(50) DONALD J. RICHARDS ----- TRUSTEE	2.0 -----	✓						0	0	0
(51) JAMES RICHMAN ----- TRUSTEE	2.0 -----	✓						0	0	0
(52) LAWRENCE M. SEARS ----- TRUSTEE	2.0 -----	✓						0	0	0
(53) ANAND SWAMINATHAN ----- VICE CHAIR OF THE BOARD OF TRUSTEES	2.0 -----	✓						0	0	0
(54) REXFORD TIBBENS ----- TRUSTEE	2.0 -----	✓						0	0	0
(55) CELIA WEATHERHEAD ----- TRUSTEE	2.0 -----	✓						0	0	0
(56) MARK WEINBERGER ----- TRUSTEE	2.0 -----	✓						0	0	0
(57) DEBRA WILFONG ----- TRUSTEE	2.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

<b>Name of the organization</b> CASE WESTERN RESERVE UNIVERSITY	<b>Employer identification number</b> 34-1018992
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	579,123,511	588,690,959	661,420,761	699,452,878	719,312,252	3,248,000,361
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	579,123,511	588,690,959	661,420,761	699,452,878	719,312,252	3,248,000,361
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						3,248,000,361

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	579,123,511	588,690,959	661,420,761	699,452,878	719,312,252	3,248,000,361
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	7,607,546	36,157,191	42,958,931	21,060,671	24,043,035	131,827,374
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	674,211	438,475	301,469	4,334,873	5,749,028
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						3,385,576,763
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,673,332,362
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	95.94 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.52 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b>	Distributable amount for 2024 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2024			
<b>a</b>	From 2019 . . . . .			
<b>b</b>	From 2020 . . . . .			
<b>c</b>	From 2021 . . . . .			
<b>d</b>	From 2022 . . . . .			
<b>e</b>	From 2023 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2024 distributable amount			
<b>i</b>	Carryover from 2019 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2024 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2024 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2020 . . . . .			
<b>b</b>	Excess from 2021 . . . . .			
<b>c</b>	Excess from 2022 . . . . .			
<b>d</b>	Excess from 2023 . . . . .			
<b>e</b>	Excess from 2024 . . . . .			



**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CASE WESTERN RESERVE UNIVERSITY</b>	Employer identification number (EIN) <b>34-1018992</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?	✓		46,245
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		702,089
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			748,334
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

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Part IV

**Supplemental Information.** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>CASE WESTERN RESERVE UNIVERSITY'S OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS SERVES AS THE UNIVERSITY'S POINT OF CONTACT FOR INTERACTION WITH FEDERAL, STATE, AND LOCAL PUBLIC OFFICIALS. THE OFFICE MONITORS AND RESPONDS TO LEGISLATIVE AND REGULATORY ISSUES THAT IMPACT THE UNIVERSITY.</p> <p>LOBBYING ACTIVITIES BY UNIVERSITY STAFF INCLUDE CONTACT BY LETTERS, PHONE CALLS, EMAILS, AND MEETINGS WITH LEGISLATORS AND MEMBERS OF THEIR STAFF OR OTHER GOVERNMENT OFFICIALS.</p> <p>CWRU ENGAGES EXTERNAL CONSULTING FIRMS TO SUPPORT FEDERAL, STATE, AND LOCAL LOBBYING ACTIVITIES. CONSULTANTS ENGAGE IN CONTACT WITH LEGISLATORS, STAFF, AND OTHER OFFICIALS THAT MAY INCLUDE COMMUNICATION THAT ATTEMPTS TO INFLUENCE LEGISLATION.</p> <p>CWRU ALSO PAYS DUES TO MULTIPLE ASSOCIATIONS THAT SUPPORT HIGHER EDUCATION AND RESEARCH INSTITUTIONS. A PORTION OF THESE DUES MAY BE USED TO SUPPORT LOBBYING RELATED ACTIVITIES.</p> <p>IN FY25, THE UNIVERSITY ENGAGED IN LOBBYING ACTIVITIES ON MULTIPLE ISSUES, INCLUDING BUDGET AND APPROPRIATIONS, HIGHER EDUCATION, HEALTH CARE, MEDICAL RESEARCH, ENERGY, SCIENCE AND TECHNOLOGY, RESEARCH SECURITY, TAXATION, WORKFORCE, IMMIGRATION, DEFENSE, AND ECONOMIC DEVELOPMENT.</p>

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CASE WESTERN RESERVE UNIVERSITY; Employer identification number: 34-1018992

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,067,847,778	1,956,613,221	1,890,707,449	2,004,374,171	1,570,558,845
<b>b</b> Contributions	31,353,628	54,332,512	28,295,748	76,287,145	41,850,987
<b>c</b> Net investment earnings, gains, and losses	155,299,608	140,289,210	112,339,915	(117,489,880)	461,720,411
<b>d</b> Grants or scholarships	37,185,153	36,102,090	36,119,908	26,736,996	36,102,090
<b>e</b> Other expenditures for facilities and programs	44,157,302	43,291,457	34,289,584	42,220,483	30,568,257
<b>f</b> Administrative expenses	4,098,332	3,993,618	4,320,399	3,506,508	3,085,725
<b>g</b> End of year balance	2,169,060,227	2,067,847,778	1,956,613,221	1,890,707,449	2,004,374,171

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 6.50 %
  - b** Permanent endowment 74.85 %
  - c** Term endowment 18.65 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> Unrelated organizations?   | ✓   |    |
| <b>(ii)</b> Related organizations?  |     | ✓  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		100,188,876		100,188,876
<b>b</b> Buildings		1,695,633,245	1,125,750,821	569,882,424
<b>c</b> Leasehold improvements		7,609,393	3,311,978	4,297,415
<b>d</b> Equipment		615,346,832	348,908,876	266,437,956
<b>e</b> Other		47,168,840	26,758,230	20,410,610
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				961,217,281

**Part VII Investments—Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	240,530,531	END OF YEAR MARKET VALUE
(2) Closely held equity interests . . . . .	1,673,300,257	END OF YEAR MARKET VALUE
(3) Other		
(A) EQUITY REAL ESTATE	80,930	END OF YEAR MARKET VALUE
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	1,913,911,718	

**Part VIII Investments—Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FUNDS HELD BY OTHERS	350,997,910
(2) HEALTH EDUCATION CAMPUS	142,098,671
(3) RIGHT -OF-USE ASSETS - OPERATING LEASES	20,130,385
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	513,226,966

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	23,858,447
(3) PENSION LIABILITY	6,441,705
(4) REFUNDABLE FEDERAL STUDENT LOANS	14,435,680
(5) ANNUITIES PAYABLE	31,817,321
(6) DEFERRED INCOME AND OTHER LIABILITIES	50,982,571
(7) OPERATING LEASE OBLIGATIONS	20,130,385
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	147,666,109

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,827,459,439
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	94,688,813	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	94,688,813
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,732,770,626
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	4,098,332	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	(1,515,908)	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,582,424
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i>		<b>5</b>	1,735,353,050

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,639,937,926
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	(9,313,679)	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	(9,313,679)
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,649,251,605
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	4,098,332	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	(1,515,908)	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	2,582,424
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i>		<b>5</b>	1,651,834,029

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

**Part XIII**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	AMOUNTS INCLUDED IN RENTAL EXPENSE AND ROYALTIES EXPENSE ON THE STATEMENT OF REVENUE - PART VII LINE 6B THAT ARE RECORDED IN THE EXPENSES ON THE AUDITED FINANCIAL STATEMENTS	- 1,515,908
	<b>TOTAL</b>	<b>- 1,515,908</b>
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	PENSION LIFE CHANGES	- 13,862,150
	LIFE INCOME AGREEMENTS	4,548,471
	<b>TOTAL</b>	<b>- 9,313,679</b>
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	AMOUNTS INCLUDED IN RENTAL EXPENSE AND ROYALTIES EXPENSE ON THE STATEMENT OF REVENUE - PART VII LINE 6B THAT ARE RECORDED IN THE EXPENSES ON THE AUDITED FINANCIAL STATEMENTS	- 1,515,908
	<b>TOTAL</b>	<b>- 1,515,908</b>

**Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 1A - COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE	THE UNIVERSITY'S COLLECTIONS OF HISTORICALLY SIGNIFICANT ARTIFACTS, SCIENTIFIC SPECIMENS, AND ART OBJECTS ARE HELD FOR EDUCATION, RESEARCH, SCIENTIFIC INQUIRY, AND PUBLIC EXHIBITION. THEY ARE NEITHER DISPOSED OF FOR FINANCIAL GAIN NOR ENCUMBERED IN ANY MANNER. ACCORDINGLY, THEIR VALUE IS NOT REFLECTED IN THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS.
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	THE UNIVERSITY'S COLLECTION OF HISTORICALLY SIGNIFICANT ARTIFACTS, SCIENTIFIC SPECIMENS, AND ART OBJECTS ARE HELD FOR EDUCATION, RESEARCH, SCIENTIFIC INQUIRY AND PUBLIC EXHIBITION.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE UNIVERSITY'S ENDOWMENTS AND OTHER DONOR RESTRICTED INVESTMENTS ARE SPENT IN ACCORDANCE WITH THE WISHES OF THE DONOR. SUCH WISHES ARE TYPICALLY DIVIDED BETWEEN THE NEEDS OF THE UNIVERSITY (UNRESTRICTED IN ITS USE, PLANT FUNDS, PROFESSORSHIPS OR INSTRUCTIONAL, ETC.) AND THE NEEDS OF THE STUDENTS (SCHOLARSHIPS, AWARDS AND PRIZES, ETC.).
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAX TO THE EXTENT PROVIDED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE UNIVERSITY IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE IRC AND, AS SUCH, GIFTS TO THE UNIVERSITY QUALIFY FOR DEDUCTION AS CHARITABLE CONTRIBUTIONS. THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAX; HOWEVER IT IS REQUIRED TO PAY FEDERAL INCOME TAX ON UNRELATED BUSINESS INCOME. THE UNIVERSITY DID NOT HAVE ANY MATERIAL INCOME TAX LIABILITIES FOR THE YEARS ENDED JUNE 30, 2025 AND 2024. ASC 740, "INCOME TAXES," PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IN ADDITION, ASC 740 PROVIDES GUIDANCE ON RECOGNITION, CLASSIFICATION AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX PROVISIONS. THE UNIVERSITY HAS NO FINANCIAL REPORTING REQUIREMENTS ASSOCIATED WITH ASC 740 FOR THE YEARS ENDED JUNE 30, 2025 AND 2024.

**SCHEDULE E  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or  
Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	✓	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	✓	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . . <u>THE UNIVERSITY MEETS THE REQUIREMENTS OF REVENUE PROCEDURE 75-50, 1975-1 C.B. 587, PART III, SECTION 4.03(2)(B).</u>		✓
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	✓	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	✓	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		✓
b Admissions policies? . . . . .		✓
c Employment of faculty or administrative staff? . . . . .		✓
d Scholarships or other financial assistance? . . . . .		✓
e Educational policies? . . . . .		✓
f Use of facilities? . . . . .		✓
g Athletic programs? . . . . .		✓
h Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		✓
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	✓	
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" on either line 6a or line 6b, explain in Part II.		✓
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II . . . . .	✓	

**Part II**

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6a, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE E, PART I, LINE 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	THE UNIVERSITY PROVIDES FINANCIAL AID, WHICH IS FUNDED BY GIFTS, ENDOWMENT INCOME AND EXTERNALLY SPONSORED AID (INCLUDING FEDERAL AND STATE GOVERNMENTAL SOURCES), TO STUDENTS BASED ON DEMONSTRATED FINANCIAL NEED OR ACADEMIC MERIT. GOVERNMENT ADVANCES TO QUALIFIED STUDENTS ARE FUNDED PRINCIPALLY WITH FEDERAL LOANS TO THE UNIVERSITY UNDER THE PERKINS, NURSING AND HEALTH PROFESSIONS STUDENT LOAN PROGRAMS.

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0	5	GRANTMAKING		680,549
(2) EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	STUDY ABROAD	217,324
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING		168,369
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	7	PROGRAM SERVICES	STUDY ABROAD	866,454
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	2	GRANTMAKING		97,977
(6) SOUTH ASIA	0	1	GRANTMAKING		72,984
(7) SOUTH ASIA	0	2	PROGRAM SERVICES	STUDY ABROAD	23,100
(8) SUB-SAHARAN AFRICA	6	20	GRANTMAKING		4,416,829
(9) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		156,257,266
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		235,280,788
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		7,547,097
(12) SOUTH AMERICA	0	0	INVESTMENTS		931,743
(13) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		13,070,173
(14) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	11,173
(15) MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	STUDY ABROAD	14,371
(16) SOUTH ASIA	0	1	PROGRAM SERVICES	RESEARCH	75,000
(17) SEE PART I SUPPLEMENTAL INFORMATION					
<b>3a</b> Subtotal . . . . .	6	43			419,731,197
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			139,059
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	6	43			419,870,256

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	RESEARCH	23,500	WIRE TRANSFER	0	N/A	N/A
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	11,220	WIRE TRANSFER	0	N/A	N/A
(3)			EAST ASIA AND THE PACIFIC	RESEARCH	142,451	WIRE TRANSFER	0	N/A	N/A
(4)			SUB-SAHARAN AFRICA	RESEARCH	162,414	WIRE TRANSFER	0	N/A	N/A
(5)			SUB-SAHARAN AFRICA	RESEARCH	791,776	WIRE TRANSFER	0	N/A	N/A
(6)			EAST ASIA AND THE PACIFIC	RESEARCH	197,035	WIRE TRANSFER	0	N/A	N/A
(7)			EAST ASIA AND THE PACIFIC	RESEARCH	42,717	WIRE TRANSFER	0	N/A	N/A
(8)			SUB-SAHARAN AFRICA	RESEARCH	2,782,377	WIRE TRANSFER	0	N/A	N/A
(9)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	89,082	WIRE TRANSFER	0	N/A	N/A
(10)			EAST ASIA AND THE PACIFIC	RESEARCH	87,929	WIRE TRANSFER	0	N/A	N/A
(11)			EAST ASIA AND THE PACIFIC	RESEARCH	183,618	WIRE TRANSFER	0	N/A	N/A
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	39,015	WIRE TRANSFER	0	N/A	N/A
(13)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	14,040	WIRE TRANSFER	0	N/A	N/A
(14)			SOUTH ASIA	RESEARCH	35,750	WIRE TRANSFER	0	N/A	N/A
(15)			SUB-SAHARAN AFRICA	RESEARCH	355,601	WIRE TRANSFER	0	N/A	N/A
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 0

3 Enter total number of other organizations or entities . . . . . 27

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE UNIVERSITY REQUIRES ITEMIZED RECEIPTS AND/OR INVOICES FOR ALL EXPENDITURES. TRANSACTIONS ARE REVIEWED AND APPROVED ON MULTIPLE LEVELS. THIS ENABLES MONITORING OF THE TYPES AND AMOUNTS OF FUNDS WHICH ARE EXPENDED OUTSIDE OF THE UNITED STATES.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL - STUDY ABROAD SOUTH ASIA - CASH - RESEARCH SUB-SAHARAN AFRICA - ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL

**Part I****Activities per Region** (continued)

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	<b>(c)</b> Number of employees, agents, and independent contractors in region	<b>(d)</b> Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	<b>(e)</b> If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(17) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	STUDY ABROAD	87,245
(18) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		10,000
(19) SOUTH AMERICA	0	0	GRANTMAKING		41,814

**Part II****Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	12,254	WIRE TRANSFER	0	N/A	N/A
(17)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	12,355	WIRE TRANSFER	0	N/A	N/A
(18)		MIDDLE EAST AND NORTH AFRICA	RESEARCH	10,000	WIRE TRANSFER	0	N/A	N/A
(19)		SUB-SAHARAN AFRICA	RESEARCH	195,168	WIRE TRANSFER	0	N/A	N/A
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	7,225	WIRE TRANSFER	0	N/A	N/A
(21)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	54,532	WIRE TRANSFER	0	N/A	N/A
(22)		SOUTH AMERICA	RESEARCH	41,814	WIRE TRANSFER	0	N/A	N/A
(23)		SOUTH ASIA	RESEARCH	37,234	WIRE TRANSFER	0	N/A	N/A
(24)		SUB-SAHARAN AFRICA	RESEARCH	50,000	WIRE TRANSFER	0	N/A	N/A
(25)		SUB-SAHARAN AFRICA	RESEARCH	50,194	WIRE TRANSFER	0	N/A	N/A
(26)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	25,000	WIRE TRANSFER	0	N/A	N/A
(27)		SUB-SAHARAN AFRICA	RESEARCH	29,300	WIRE TRANSFER	0	N/A	N/A

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of nongovernment grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	HURON CONSULTING GROUP, INC. 550 WEST VAN BUREN STREET, CHICAGO, IL 60607	CONSULTING SERVICES		✓	0	11,996	(11,996)
2	OLOGIE, INC. 447 EAST MAIN STREET, COLUMBUS, OH 43215	CONSULTING SERVICES		✓	0	309,757	(309,757)
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					0	321,753	(321,753)

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AZ, CO, DC, ME, MD, MA, MI, NH, NY, OH, OK, OR, PA, SC, WA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? . . . . .  **Yes**  **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  **Yes**  **No**
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  **Yes**  **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:
 

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
  - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  **Yes**  **No**
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							
(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3 Enter total number of other organizations listed in the line 1 table .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)



Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE OFFICE OF SPONSORED PROJECTS ADMINISTRATION DIRECTS AND FACILITATES PRE- AND POST-AWARD PROCESSES BY ENSURING COMPLIANCE WITH FEDERAL, STATE AND UNIVERSITY GUIDELINES. IT ALSO OVERSEES REGULATORY COMPLIANCE ACTIVITIES TO ENSURE SAFE, ETHICAL AND RESPONSIBLE CONDUCT OF RESEARCH. IN ADDITION, THE OFFICE IS RESPONSIBLE FOR ENHANCING THE RESEARCH INFRASTRUCTURE OF THE INSTITUTION AS WELL AS DEVELOPING AND MONITORING POLICIES RELATED TO THE STEWARDSHIP OF RESEARCH ACTIVITIES.
SCHEDULE I, PART III, COLUMN (B) - ESTIMATED NUMBER OF RECIPIENTS	TUITION AND FEES: ESTIMATE IS BASED ON THE PERCENTAGE OF STUDENTS WHO RECEIVED ASSISTANCE FOR TUITION AND FEES IN THE PRIOR YEAR.
SCHEDULE I, PART III, COLUMN (B) - ESTIMATED NUMBER OF RECIPIENTS	FELLOWS - TUITION AND FEES: ESTIMATE IS BASED ON THE PERCENTAGE OF STUDENTS WHO RECEIVED FELLOWSHIPS FOR TUITION AND FEES IN THE PRIOR YEAR.
SCHEDULE I, PART III, COLUMN (B) - ESTIMATED NUMBER OF RECIPIENTS	STIPENDS AND ALLOWANCES: ESTIMATE IS BASED ON THE PERCENTAGE OF STUDENTS WHO RECEIVED STIPENDS IN THE PRIOR YEAR.

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel                      <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments              <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	✓	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
	✓	
		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	✓	
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ERIC KALER PRESIDENT, EX OFFICIO	(i) 1,590,558	415,000	91,007	37,212	14,943	2,148,720	0
	(ii)	0	0	0	0	0	0	0
2	STANTON GERSON SR. VP; DEAN & PROFESSOR	(i) 1,091,062	0	302,180	237,212	14,700	1,645,154	66,667
	(ii)	0	0	0	0	0	0	0
3	JOHN SIDERAS EXECUTIVE VP FOR FINANCE & CFO (END 1/31/25)	(i) 788,303	190,000	27,491	37,212	15,872	1,058,878	0
	(ii)	0	0	0	0	0	0	0
4	GARY SCHWARTZ PROFESSOR	(i) 988,242	0	400	37,212	14,943	1,040,797	0
	(ii)	0	0	0	0	0	0	0
5	DALE BAUR PROFESSOR	(i) 912,924	0	6,017	37,212	14,635	970,788	0
	(ii)	0	0	0	0	0	0	0
6	CAROL MOSS SR. VP FOR UNIVERSITY RELATIONS AND DEVELOPMENT	(i) 620,859	100,000	107,980	37,212	15,600	881,651	0
	(ii)	0	0	0	0	0	0	0
7	TIM MILANICH CHIEF INVESTMENT OFFICER	(i) 471,204	302,027	1,542	37,212	19,939	831,924	0
	(ii)	0	0	0	0	0	0	0
8	JOY WARD PROVOST & EXECUTIVE VICE PRESIDENT	(i) 660,973	0	1,242	37,212	9,259	708,686	0
	(ii)	0	0	0	0	0	0	0
9	JONATHAN HAINES PROFESSOR	(i) 623,766	0	4,491	37,212	15,872	681,341	0
	(ii)	0	0	0	0	0	0	0
10	PETER POULOS VP, GEN COUNSEL, SECRETARY	(i) 592,524	25,000	0	37,212	14,909	669,645	0
	(ii)	0	0	0	0	0	0	0
11	LIA LOGIO VICE DEAN & PROFESSOR	(i) 573,703	0	2,822	37,212	20,388	634,125	0
	(ii)	0	0	0	0	0	0	0
12	PAMELA DAVIS PROFESSOR	(i) 482,879	0	28,344	37,212	9,408	557,843	0
	(ii)	0	0	0	0	0	0	0
13	MICHAEL LEE TREASURER	(i) 238,263	2,622	0	25,915	9,552	276,352	0
	(ii)	0	0	0	0	0	0	0
14	SCOTT COWEN TRUSTEE	(i) 235,502	0	0	12,714	9,108	257,324	0
	(ii)	0	0	0	0	0	0	0
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	THERE MAY BE INSTANCES WHERE FIRST CLASS TRAVEL IS NECESSARY. IN THESE INSTANCES PRIOR APPROVAL MUST BE SECURED. REIMBURSEMENT FOR UPGRADED TRAVEL THAT DOES NOT COMPLY WITH THE UNIVERSITY GUIDELINES IS MADE AT THE POLICY SUPPORTED ECONOMY CLASS LEVEL.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	THE UNIVERSITY TRAVEL POLICY STIPULATES NO REIMBURSEMENT FOR TRAVEL-RELATED EXPENSES OF A COMPANION UNLESS IT PROVIDES A CLEAR AND DIRECT BENEFIT TO THE UNIVERSITY. THE POLICY ESTABLISHES THE GUIDELINES AND APPROVALS REQUIRED. ON OCCASION THE PRESIDENT IS ASKED TO PARTICIPATE IN OFF SITE PROFESSIONAL MEETINGS WHERE LEADERSHIP AND THEIR SPOUSES FROM VARIOUS UNIVERSITIES GATHER FOR PROFESSIONAL DEVELOPMENT AND OTHER BUSINESS PURPOSES. THE CONTRACT BETWEEN THE PRESIDENT AND THE UNIVERSITY REQUIRES THE SPOUSE BE AVAILABLE FOR SUCH MEETINGS.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	THE UNIVERSITY HAS FOLLOWED ITS LONG ESTABLISHED PAST PRACTICE OF ADMINISTERING GROSS-UP PAYMENTS. ADDITIONALLY, WRITTEN POLICIES WERE PUT INTO PLACE IN 2009.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE UNIVERSITY PROVIDES HOUSING FOR THE PRESIDENT. THE HOUSING IS ON THE EDGE OF CAMPUS AND IS PROVIDED FOR THE BENEFIT OF THE UNIVERSITY BECAUSE OF THE SUBSTANTIAL DEMANDS THAT IT PLACES ON THE PRESIDENT. A WRITTEN POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	FOR HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES, A WRITTEN POLICY WAS IN PLACE AND ADHERED TO. AT EACH YEAR END A DETERMINATION IS MADE WHAT PORTION IS ALLOCABLE AS PERSONAL. THE PORTION THAT IS DEEMED PERSONAL IS THEN ADDED TO THE W-2 EARNINGS AND IS TAXABLE TO THE EMPLOYEE.
SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES	CLEANING SERVICES ARE PROVIDED AT THE UNIVERSITY OWNED HOUSE OCCUPIED BY THE PRESIDENT. PERIODICALLY THE UNIVERSITY MAKES AN ASSESSMENT OF THE SERVICES AND WHETHER ANY PORTION IS TAXABLE TO THE PRESIDENT. AT SUCH TIME (IF APPLICABLE) THE TAXABLE AMOUNT WOULD BE INCLUDABLE IN W-2 WAGES FOR THE PRESIDENT.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	FOR NON-FIXED PAYMENTS, ACCOMPLISHMENT OF SET PERFORMANCE INDICATORS BOTH FINANCIAL AND NON-FINANCIAL ARE REQUIRED TO RECEIVE SUCH PAYMENTS
SCHEDULE J, PART II, COLUMN (F)	ERIC KALER WAS ISSUED \$500,000 OF DEFERRED COMPENSATION FOR THE FISCAL YEAR ENDED JUNE 30, 2025, NONE OF WHICH HAS BEEN PAID. 20% WILL VEST ANNUALLY ON JUNE 30TH, STARTING WITH JUNE 30, 2026, THROUGH JUNE 30, 2030.
SCHEDULE J, PART II, COLUMN (F)	STANTON GERSON WAS ISSUED \$200,000 OF DEFERRED COMPENSATION ON JUNE 30, 2024, NONE OF WHICH HAS BEEN PAID. 33-1/3% VESTED ON JUNE 30, 2025. AN ADDITIONAL 33-1/3% WILL VEST ON JUNE 30, 2026, AND THE FINAL 33-1/3% WILL VEST ON JUNE 30, 2027.
SCHEDULE J, PART II, COLUMN (F)	CAROL MOSS WAS ISSUED \$250,000 OF DEFERRED COMPENSATION ON JUNE 30, 2024, NONE OF WHICH HAS BEEN PAID. 33-1/3% VESTED ON JUNE 30, 2025. AN ADDITIONAL 33-1/3% WILL VEST ON JUNE 30, 2026, AND THE FINAL 33-1/3% WILL VEST ON JUNE 30, 2027.

**SCHEDULE K  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BTA8	12/21/2006	91,083,060	BOND SERIES 2006: REFUND 1997A&C, 2002B AND 2004A		✓		✓		✓
<b>B</b>	OHIO HIGHER EDUCATION FACILITY COMMISSION	34-6849674	67756DCZ7	02/01/2015	56,887,436	(SEE STATEMENT)		✓		✓		✓
<b>C</b>	OHIO HIGHER EDUCATION FACILITY COMMISSION	34-6849674	67756DJY3	11/30/2016	184,252,980	REFUND PRIOR BONDS & CP II	✓			✓		✓
<b>D</b>	OHIO HIGHER EDUCATION FACILITY COMMISSION	34-6849674	67756DRJ7	05/31/2018	103,353,700	REFUND 2015B & CP		✓		✓		✓

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	75,650,000		40,310,000		12,425,000		12,710,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		47,090,000		0	
<b>3</b>	Total proceeds of issue . . . . .	91,083,060		56,908,049		184,252,980		103,353,700	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0				0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0				0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	1,258,133		707,251		1,369,700		723,700	
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	0		47,097,641		0		0	
<b>11</b>	Other spent proceeds . . . . .	89,824,927		9,103,157		182,883,280		102,630,000	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2009		2015					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		✓	✓		✓		✓	
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	✓			✓	✓			✓
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓		✓		✓	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓		✓	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) (Rev. 1-2025)

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		✓
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓		✓	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓		✓	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		✓		✓		✓		✓
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0.00 %		2.43 %		0.15 %		0.40 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0.00 %		0.29 %		0.26 %		1.81 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0.00 %		2.72 %		0.41 %		2.21 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .	✓			✓	✓		✓	
<b>b</b> Exception to rebate? . . . . .		✓		✓		✓		✓
<b>c</b> No rebate due? . . . . .	✓		✓		✓		✓	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .	12/21/2021		02/25/2025		12/28/2021		05/31/2023	
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓		✓		✓

**Part IV Arbitrage** (continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓		✓		✓		✓
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		✓		✓		✓		✓
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		✓		✓		✓		✓
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	✓		✓		✓		✓	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .	✓		✓		✓		✓	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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**SCHEDULE K  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	OHIO HIGHER EDUCATION FACILITY COMMISSION	34-6849674	67756DVN3	12/17/2019	38,305,538	(SEE STATEMENT)		✓		✓		✓
<b>B</b>	OHIO HIGHER EDUCATION FACILITY COMMISSION	34-6849674	67756DVP8	12/17/2019	35,815,000	BUILDING CONSTRUCTION		✓		✓		✓
<b>C</b>	OHIO HIGHER EDUCATION FACILITY	34-6849674	67756DZH2	12/01/2021	63,455,000	REFUND 2019A		✓		✓		✓
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	0	0	0	0	0	0	0	0
<b>2</b>	Amount of bonds legally defeased . . . . .	0	0	0	0	0	0	0	0
<b>3</b>	Total proceeds of issue . . . . .	38,319,274	35,838,993	68,731,526					
<b>4</b>	Gross proceeds in reserve funds . . . . .	0	0	0	0	0	0	0	0
<b>5</b>	Capitalized interest from proceeds . . . . .	0	0	0	0	0	0	0	0
<b>6</b>	Proceeds in refunding escrows . . . . .	0	0	0	0	0	0	0	0
<b>7</b>	Issuance costs from proceeds . . . . .	0	336,372	0	0	0	0	0	0
<b>8</b>	Credit enhancement from proceeds . . . . .	0	0	0	0	0	0	0	0
<b>9</b>	Working capital expenditures from proceeds . . . . .	0	0	0	0	0	0	0	0
<b>10</b>	Capital expenditures from proceeds . . . . .	15,992,582	35,478,628	0	0	0	0	0	0
<b>11</b>	Other spent proceeds . . . . .	22,326,692	23,993	68,731,526					
<b>12</b>	Other unspent proceeds . . . . .	0	0	0	0	0	0	0	0
<b>13</b>	Year of substantial completion . . . . .	2022	2022						
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓		✓		✓			
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .		✓		✓	✓			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) (Rev. 1-2025)

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		✓		✓		✓		
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .		0.84 %		0.00 %		0.00 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .		0.12 %		0.00 %		0.00 %		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.96 %		0.00 %		0.00 %		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .	✓		✓		✓			
<b>b</b> Exception to rebate? . . . . .		✓		✓		✓		
<b>c</b> No rebate due? . . . . .	✓		✓			✓		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .		12/17/2024		12/17/2024				
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓	✓			



Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION	BOND SERIES 2015A: CONSTRUCTION OF BUILDING & REFUND TRIANGLE HUD LOAN
SCHEDULE K, PART II, LINE 3 - ISSUE PRICE AND TOTAL PROCEEDS OF ISSUE DIFFERENCE BOND B	BOND SERIES 2015A: THE DIFFERENCE IN THE AMOUNT INDICATED IN PART II, LINE 3 AND THE ISSUE PRICE IN PART I, COLUMN B IS ACCRUED INTEREST.
SCHEDULE K, PART II, LINE 3 - ISSUE PRICE AND TOTAL PROCEEDS OF ISSUE DIFFERENCE BOND E	BOND SERIES 2019B: THE DIFFERENCE IN THE AMOUNT INDICATED IN PART II, LINE 3 AND THE ISSUE PRICE IN PART I, COLUMN E IS ACCRUED INTEREST.
SCHEDULE K, PART II - ISSUE PRICE AND AMOUNT OF EXPENDITURES DIFFERENCE F	BOND SERIES 2019C: THERE ARE PROCEEDS IN ESCROW DUE TO THE FACT THEY ARE BEING USED FOR CONSTRUCTION. THESE PROCEEDS ARE BEING DRAWN ONCE THE EXPENDITURES HAVE OCCURRED.
SCHEDULE K, PART II - ISSUE PRICE AND AMOUNT OF EXPENDITURES DIFFERENCE E	BOND SERIES 2019B: THERE ARE PROCEEDS IN ESCROW DUE TO THE FACT THEY ARE BEING USED FOR CONSTRUCTION. THESE PROCEEDS ARE BEING DRAWN ONCE THE EXPENDITURES HAVE OCCURRED.
SCHEDULE K, PART II, LINE 3 - ISSUE PRICE AND TOTAL PROCEEDS OF ISSUE DIFFERENCE BOND F	BOND SERIES 2019C: THE DIFFERENCE IN THE AMOUNT INDICATED IN PART II, LINE 3 AND THE ISSUE PRICE IN PART I, COLUMN F IS ACCRUED INTEREST.
SCHEDULE K, PART II, LINE 3 - ISSUE PRICE AND TOTAL PROCEEDS OF ISSUE DIFFERENCE BOND G	BOND SERIES 2021 A&B: THE DIFFERENCE IN THE AMOUNT INDICATED IN PART II, LINE 3 AND THE ISSUE PRICE IN PART I, COLUMN G IS ACCRUED INTEREST.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/21/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 02/25/2025
SCHEDULE K, PART IV, LINE 2C - COLUMN C	ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/28/2021
SCHEDULE K, PART IV, LINE 2C - COLUMN D	ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 05/31/2023
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/17/2024
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 12/17/2024
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: OHIO HIGHER EDUCATION FACILITY COMMISSION	BOND SERIES 2019B: REFUND 2015A AND BUILDING CONSTRUCTION

**SCHEDULE L  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ _____						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990) (Rev.1-2025)



**Part IV****Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARILYN BURNETT	SPOUSE OF EXECUTIVE VICE PRESIDENT AND CFO	\$22,500	COMPENSATION	✓	

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	✓	1	202,000	COST
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>EVENT COSTS</u> )	✓	20	46,400	COST
26 Other ( <u>EQUIPMENT</u> )	✓	6	19,483	COST
27 Other ( _____ )				
28 Other ( _____ )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	ART - WORKS OF ART - THE NUMBER OF CONTRIBUTIONS RECEIVED OTHER - EVENT COSTS THE NUMBER OF CONTRIBUTIONS RECEIVED OTHER - EQUIPMENT THE NUMBER OF CONTRIBUTIONS RECEIVED

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CASE WESTERN RESERVE UNIVERSITY IS AN INDEPENDENT, RESEARCH-ORIENTED UNIVERSITY WITH BROADLY BASED STRENGTHS IN HEALTH, INCLUDING MEDICINE, NURSING AND DENTISTRY; IN ENGINEERING; IN THE ARTS AND SCIENCES; AND IN LAW, MANAGEMENT AND SOCIAL WORK. THE UNIVERSITY'S COMMITMENT IS TO EXCELLENCE IN TEACHING, RESEARCH AND SCHOLARSHIP. THE UNIVERSITY BRINGS TOGETHER HIGHLY QUALIFIED FACULTY, STUDENTS AND STAFF TO: 1) OFFER UNDERGRADUATE EDUCATION THAT PRESERVES THE STRENGTHS OF THE TRADITIONAL ARTS AND SCIENCES, AND THE PROFESSIONS, 2) PREPARE STUDENTS FOR POSITIONS OF LEADERSHIP IN PROFESSIONS THAT ARE IMPORTANT TO SOCIETY, AND 3) ADVANCE, THROUGH RESEARCH AND SCHOLARSHIP, THE UNDERSTANDING OF ITS CHOSEN DISCIPLINES AND THEIR APPLICATIONS.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	CASE WESTERN RESERVE UNIVERSITY IS AN INDEPENDENT, RESEARCH-ORIENTED UNIVERSITY WITH BROADLY BASED STRENGTHS IN HEALTH, INCLUDING MEDICINE, NURSING AND DENTISTRY; IN ENGINEERING; IN THE ARTS AND SCIENCES; AND IN LAW, MANAGEMENT AND SOCIAL WORK. THE UNIVERSITY'S COMMITMENT TO EXCELLENCE IN TEACHING, RESEARCH AND SCHOLARSHIP. THE UNIVERSITY BRINGS TOGETHER HIGHLY QUALIFIED FACULTY, STUDENTS AND STAFF TO: (1) OFFER UNDERGRADUATE EDUCATION THAT PRESERVES THE STRENGTHS OF TRADITIONAL DISCIPLINARY MAJORS WHILE INTEGRATING CONTENTS AND METHODS FROM TECHNOLOGY, THE ARTS AND SCIENCES, AND THE PROFESSIONS, (2) PREPARE STUDENTS FOR POSITIONS OF LEADERSHIP IN PROFESSIONS THAT ARE IMPORTANT TO SOCIETY, AND (3) ADVANCE, THROUGH RESEARCH AND SCHOLARSHIP THE UNDERSTANDING OF ITS CHOSEN DISCIPLINES AND THEIR APPLICATIONS.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$110,072,295 INCLUDING GRANTS OF )(REVENUE \$47,199,478)  OTHER SPONSORED PROGRAMS: THE UNIVERSITY'S LIBRARY SYSTEM IS COMPOSED OF FOUR PRIMARY UNITS: THE UNIVERSITY LIBRARY, THE CLEVELAND HEALTH SCIENCES LIBRARY, THE SCHOOL OF LAW LIBRARY AND THE LILLIAN & MILFORD HARRIS LIBRARY IN THE MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES. THE LIBRARIES OF THE UNIVERSITY SUPPORT THE UNDERGRADUATE, GRADUATE AND PROFESSIONAL PROGRAMS AND CONTAIN OVER 3 MILLION VOLUMES. CASE WESTERN RESERVE UNIVERSITY OFFERS ASSISTANCE TO ITS STUDENTS TO HELP MEET FINANCIAL NEED OR TO RECOGNIZE OUTSTANDING ACADEMIC ACHIEVEMENT AND PROMISE. ACADEMIC EXCELLENCE IS RECOGNIZED BY THE ACADEMIC AWARDS PROGRAM AND OTHER SCHOLARSHIP PROGRAMS OF THE UNDERGRADUATE COLLEGES AND BY VARIOUS ASSISTANTSHIPS, FELLOWSHIPS, SCHOLARSHIPS AND OTHER AWARDS OF INDIVIDUAL DEPARTMENTS IN THE SCHOOL OF GRADUATE STUDIES AND SEVERAL OF THE PROFESSIONAL SCHOOLS. CASE WESTERN RESERVE UNIVERSITY ACTIVELY PROMOTES THE DEVELOPMENT OF SERVICES AND PROGRAMS TO SUPPORT THE PHYSICAL, EMOTIONAL AND INTELLECTUAL WELL-BEING OF ITS STUDENTS.' THE PROGRAMS AND SERVICES ARE AVAILABLE TO UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS ALIKE AND ARE DESIGNED TO PROVIDE POSITIVE, DEVELOPMENTAL OPPORTUNITIES BOTH TO SUPPLEMENT THE ACADEMIC EXPERIENCE AND ENRICH CAMPUS LIFE.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE UNIVERSITY'S BYLAWS DELEGATE AUTHORITY TO ACT ON BOARD OF TRUSTEES' BEHALF TO AN EXECUTIVE COMMITTEE THAT HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF THE CHAIR OF THE BOARD (WHO SHALL ALSO SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE); THE IMMEDIATE PAST CHAIR OF THE BOARD (FOR THE FIRST TWO YEARS AFTER THE IMMEDIATE PAST CHAIR'S TERM AS CHAIR HAS ENDED); THE VICE CHAIR(S) OF THE BOARD; THE CHAIRS OF THE ACADEMIC AFFAIRS AND STUDENT LIFE, AUDIT, CAMPUS PLANNING, COMPENSATION, DEVELOPMENT AND UNIVERSITY RELATIONS, FINANCE, INVESTMENT, RESEARCH AND TECHNOLOGY TRANSFER, AND TRUSTEES AND GOVERNANCE COMMITTEES (COLLECTIVELY "STANDING COMMITTEES"); THE PRESIDENT; AND AT LEAST TWO, BUT NO MORE THAN FIVE, OTHER TRUSTEES (EACH SUCH OTHER TRUSTEE, AN "AT-LARGE EC MEMBER"). AT NO TIME SHALL THE NUMBER OF MEMBERS OF THE EXECUTIVE COMMITTEE EXCEED EIGHTEEN.  IN THE INTERVALS BETWEEN MEETINGS OF THE TRUSTEES, THE EXECUTIVE COMMITTEE SHALL HAVE FULL POWER TO TAKE ALL AND EVERY ACTION WHICH THE TRUSTEES ARE AUTHORIZED TO TAKE EXCEPT: (A) THE APPOINTMENT AND RENEWAL OF TRUSTEES; (B) THE FILLING OF AT-LARGE EC MEMBER VACANCIES ON THE EXECUTIVE COMMITTEE; (C) THE APPOINTMENT OF THE CHAIR OF THE BOARD AND STANDING COMMITTEE CHAIRS; (D) THE ELECTION OR REMOVAL FROM OFFICE OF THE PRESIDENT AND APPROVAL OF THE PRESIDENT'S TOTAL COMPENSATION ARRANGEMENT; (E) THE AMENDMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS; AND (F) THE APPROVAL OF ANY AGREEMENT THAT REQUIRES APPROVAL OF THE OTHER PARTY'S OR PARTIES' FULL BOARD(S). THE EXECUTIVE COMMITTEE SHALL MEET AT LEAST THREE TIMES DURING THE YEAR, AND AT SUCH OTHER TIMES AS THE CHAIR OF THE BOARD OR THREE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL FIND NECESSARY.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE INFORMATION TO PREPARE THE FORM 990 FOR THE UNIVERSITY IS GATHERED BY THE CONTROLLER'S OFFICE AND THE FORM PREPARED. ALL INFORMATION IS PROVIDED TO ITS PUBLIC ACCOUNTING FIRM WHO REVIEWS THE RETURN. THE RETURN IS THEN REVIEWED BY SENIOR MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE FORM 990 IS ALSO MADE AVAILABLE TO THE UNIVERSITY'S BOARD OF TRUSTEES PRIOR TO FILING. TRUSTEES MAY RAISE THEIR QUESTIONS AND COMMENTS WITH FINANCE STAFF.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO THE MEMBERS OF THE BOARD OF TRUSTEES; ALL UNIVERSITY OFFICERS; SENIOR OFFICIALS OF THE UNIVERSITY; ALL UNIVERSITY FACULTY WITH THE EXCEPTION OF VOLUNTEER FACULTY IN THE SCHOOL OF MEDICINE AND FACULTY MEMBERS WHO ARE NOT PAID BY THE UNIVERSITY (UNLESS ENGAGED IN SPONSORED RESEARCH); EMERITUS FACULTY WHO HAVE AN ONGOING RELATIONSHIP WITH THE UNIVERSITY OR WHO ARE ENGAGED IN SPONSORED RESEARCH; POST-DOCTORAL FELLOWS; ALL OTHER EMPLOYEES; STUDENTS; AND TRAINEES.</p> <p>INDIVIDUALS COVERED BY THIS POLICY MUST REPORT ANY FINANCIAL INTEREST AND THE ACCEPTANCE OF ANY GIFTS, FAVORS, OR ANYTHING OF VALUE, BY THE INDIVIDUAL OR THE INDIVIDUAL'S SPOUSE, DEPENDENT CHILDREN, DOMESTIC PARTNER, OR ANY OTHER DEPENDENT PERSON WHO IS A MEMBER OF THE SAME HOUSEHOLD AS THE INDIVIDUAL, THAT DIRECTLY OR INDIRECTLY MIGHT INFLUENCE OR APPEAR TO A REASONABLE PERSON TO INFLUENCE THE INDIVIDUAL'S RESPONSIBILITIES AS A MEMBER OF THE UNIVERSITY. INDIVIDUALS COVERED BY THE POLICY WHO ENGAGE IN RESEARCH MUST REPORT ANY FINANCIAL INTEREST, NO MATTER HOW SMALL, THAT THE INDIVIDUAL OR THE INDIVIDUAL'S SPOUSE, DEPENDENT CHILDREN, DOMESTIC PARTNER, OR ANY OTHER DEPENDENT PERSON LIVING IN THE SAME HOUSEHOLD AS THE INDIVIDUAL, HAS IN ANY ENTITY THAT SPONSORS OR SUPPORTS THE RESEARCH OR THAT HOLDS A FINANCIAL INTEREST IN THE SUBJECT OF THE RESEARCH, AND ALSO MUST REPORT THE ACCEPTANCE OF ANY GIFT, FAVOR, OR ANYTHING OF VALUE FROM AN ENTITY THAT SPONSORS THE RESEARCH OR THAT HOLDS A FINANCIAL INTEREST IN THE SUBJECT OF THE RESEARCH. INDIVIDUALS COVERED BY THE POLICY ALSO MUST REPORT WHENEVER A PREVIOUSLY REPORTED CONFLICT OF INTEREST IS ELIMINATED.</p> <p>THE UNIVERSITY'S REPORTING PROCESS IS ADMINISTERED BY THE UNIVERSITY'S CONFLICT OF INTEREST OFFICE, EXCEPT THAT REPORTING BY MEMBERS OF THE BOARD OF TRUSTEES, THE PRESIDENT, THE PROVOST, ALL SENIOR OFFICIALS OF THE UNIVERSITY, AS WELL AS THE CHAIR OF THE CONFLICT OF INTEREST COMMITTEE, WHICH IS ADMINISTERED BY THE OFFICE OF GENERAL COUNSEL. EACH YEAR, INDIVIDUALS COVERED BY THE POLICY MUST REPORT IN WRITING ANY ACTIVITIES LISTED ABOVE. REPORTS CALLED FOR BY THE CONFLICT OF INTEREST COMMITTEE ARE SUBMITTED TO THAT COMMITTEE. REPORTS CALLED FOR BY THE OFFICE OF GENERAL COUNSEL ARE SUBMITTED TO THAT OFFICE. THE REPORTS RECEIVED BY THE CONFLICT OF INTEREST COMMITTEE ARE SHARED WITH THE DEANS AND DEPARTMENT CHAIRS OF THE REPORTING FACULTY. INDIVIDUALS COVERED BY THIS POLICY WHO ARE NOT REQUIRED TO REPORT TO THE CONFLICT OF INTEREST COMMITTEE (OTHER THAN THOSE DESCRIBED ABOVE WHO MUST REPORT TO THE OFFICE OF GENERAL COUNSEL OR THE PRESIDENT) MUST REPORT ANY FINANCIAL INTEREST THAT RELATES TO THEIR UNIVERSITY RESPONSIBILITIES TO THEIR SUPERVISORS AT THEIR ANNUAL REVIEW. SUPERVISORS WHO DETERMINE THAT AN INDIVIDUAL MAY HAVE A CONFLICT OF INTEREST MUST REPORT THIS TO THE CONFLICT OF INTEREST OFFICE FOR FURTHER REVIEW. INDIVIDUALS ALSO MUST REPORT TO THE CONFLICT OF INTEREST OFFICE OR THE OFFICE OF GENERAL COUNSEL, AS APPROPRIATE, WITHIN 10 DAYS AFTER THEY BECOME AWARE OF A REPORTABLE INTEREST OR AFTER A CONFLICT OF INTEREST HAS BEEN ELIMINATED. INDIVIDUALS WHO HAVE NO REPORTABLE INTERESTS MUST STILL SUBMIT AN ANNUAL REPORT TO BE IN COMPLIANCE WITH THIS POLICY. THE OFFICE OF GENERAL COUNSEL CONDUCTS AN INITIAL REVIEW OF ALL THE REPORTS IT RECEIVES. THE CONFLICT OF INTEREST OFFICE CONDUCTS AN INITIAL REVIEW OF ALL REPORTS IT RECEIVES. IF NECESSARY, THEY OBTAIN ADDITIONAL INFORMATION FROM THE INDIVIDUAL COVERED BY THE POLICY AND FROM OTHER INDIVIDUALS WHO POSSESS RELEVANT INFORMATION. THE OFFICE OF THE GENERAL COUNSEL OR THE CONFLICT OF INTEREST OFFICE, AS APPROPRIATE, THEN IDENTIFIES THOSE ACTIVITIES THAT MUST BE REVIEWED AND APPROVED BY THE CONFLICT OF INTEREST COMMITTEE, AND THOSE ACTIVITIES THAT MAY PROCEED WITHOUT REVIEW BY THE CONFLICT OF INTEREST COMMITTEE. THE OFFICE OF THE GENERAL COUNSEL OR THE CONFLICT OF INTEREST OFFICE, AS APPROPRIATE, NOTIFIES THE CONFLICT OF INTEREST COMMITTEE OR THE BOARD OF TRUSTEES OF THOSE ACTIVITIES THAT MUST BE REVIEWED AND APPROVED.</p> <p>IN REVIEWING A REPORTED ACTIVITY, THE CONFLICT OF INTEREST COMMITTEE ASSUMES THAT THE ACTIVITY CANNOT BE UNDERTAKEN WITHOUT A SUITABLE MANAGEMENT PLAN. HOWEVER, IN SOME CASES, THE ACTIVITY MAY BE APPROVABLE WITHOUT A MANAGEMENT PLAN. IN DETERMINING WHETHER A MANAGEMENT PLAN IS REQUIRED, THE CONFLICT OF INTEREST COMMITTEE CONSIDERS THE SIGNIFICANCE OF THE CONFLICT OF INTEREST (SUCH AS THE SIZE OF THE INDIVIDUAL'S FINANCIAL INTEREST); WHETHER OR NOT THE INDIVIDUAL IS UNIQUELY QUALIFIED BY VIRTUE OF EXPERTISE AND EXPERIENCE TO CONDUCT THE RESEARCH PROJECT AND THE RESEARCH COULD NOT BE CONDUCTED AS SAFELY OR EFFECTIVELY WITHOUT THAT INDIVIDUAL; AND THE DEGREE OF RISK IMPOSED ON RESEARCH SUBJECTS.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THIS IS IN RESPONSE TO QUESTIONS 15A AND 15B. THE UNIVERSITY HAS ADOPTED AN EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY TO ENSURE THAT ITS COMPENSATION ARRANGEMENTS WITH RELATED PARTIES ARE EVALUATED AND COMPENSATION THAT IS PAID TO A RELATED PARTY IS REASONABLE AND REFLECTS FAIR MARKET VALUE. THE POLICY APPLIES FOR DETERMINING THE FINANCIAL ARRANGEMENTS WITH INDIVIDUALS THAT ARE DETERMINED TO BE DISQUALIFIED PERSONS WITH RESPECT TO THE UNIVERSITY. "DISQUALIFIED PERSON" MEANS A PERSON WHO IS OR HAS BEEN IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE UNIVERSITY DURING THE FIVE YEARS ENDING ON THE DATE OF THE TRANSACTION, A MEMBER OF HIS OR HER FAMILY, OR AN ENTITY IN WHICH THE DISQUALIFIED PERSON HAS IN EXCESS OF THIRTY-FIVE (35%) PERCENT CONTROL. PERSONS HOLDING THE FOLLOWING POWERS AND RESPONSIBILITIES ARE DEEMED TO BE IN A POSITION TO EXERCISE SUBSTANTIAL CONTROL OVER THE ORGANIZATION: VOTING MEMBERS OF THE BOARD, THE PRESIDENT, THE CHIEF EXECUTIVE OFFICER, THE CHIEF INVESTMENT OFFICER, CHIEF ADMINISTRATIVE OFFICER, THE TREASURER AND THE CHIEF FINANCIAL OFFICER. OTHERS MAY BE IN A POSITION TO EXERCISE SUBSTANTIAL CONTROL OVER THE UNIVERSITY IF THE FACTS AND CIRCUMSTANCES JUSTIFY SUCH A CONCLUSION.</p> <p>THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE UNIVERSITY ENDEAVORS TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS BY REVIEWING TRANSACTIONS WHICH RAISE THE RISK OF CONFERRING AN EXCESS BENEFIT. THE COMMITTEE WILL ACCOMPLISH THIS BY COMPLYING WITH THE FOLLOWING PROCEDURES WHENEVER A POTENTIAL RISK IS IDENTIFIED:</p> <p>A. THE TRANSACTION SHALL BE APPROVED IN ADVANCE BY THE COMPENSATION COMMITTEE OF THE BOARD, OR OTHER PARTIES AUTHORIZED BY THE BOARD TO ACT ON ITS BEHALF COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION.</p> <p>B. A PERSON HAS A CONFLICT OF INTEREST IF THAT PERSON:</p> <p>(1) IS A DISQUALIFIED PERSON OR A FAMILY MEMBER THEREOF;</p> <p>(2) IS IN AN EMPLOYMENT RELATIONSHIP SUBJECT TO THE DIRECTION OR CONTROL OF A DISQUALIFIED PERSON;</p> <p>(3) RECEIVES COMPENSATION SUBJECT TO APPROVAL BY A DISQUALIFIED PERSON;</p> <p>(4) HAS A MATERIAL FINANCIAL INTEREST AFFECTED BY THE TRANSACTION; OR</p> <p>(5) HAS PREVIOUSLY RECEIVED AN ECONOMIC BENEFIT THROUGH A TRANSACTION APPROVED BY THE DISQUALIFIED PERSON.</p> <p>C. THE COMPENSATION COMMITTEE OF THE BOARD SHALL OBTAIN AND RELY UPON APPROPRIATE DATA AS TO THE COMPARABILITY OF THE TERMS OF THE TRANSACTION PRIOR TO MAKING ITS DECISION.</p> <p>D. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES HAS APPROPRIATE COMPARABILITY DATA IF, CONSIDERING THE KNOWLEDGE AND EXPERTISE OF ITS MEMBERS, IT HAS SUFFICIENT INFORMATION TO DETERMINE THAT THE TRANSACTION IN ITS ENTIRETY IS REASONABLE OR AT FAIR MARKET VALUE.</p> <p>E. RELEVANT INFORMATION WITH RESPECT TO A COMPENSATION TRANSACTION INCLUDES:</p> <p>(1) COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS;</p> <p>(2) THE AVAILABILITY OF SIMILAR SERVICES WITHIN THE GEOGRAPHIC AREA;</p> <p>(3) CURRENT COMPENSATION SURVEYS PERFORMED BY INDEPENDENT FIRMS; AND</p> <p>(4) WRITTEN OFFERS FROM COMPETING ENTITIES FOR THE SERVICES OF THE DISQUALIFIED PERSON.</p> <p>F. RELEVANT INFORMATION WITH RESPECT TO A PROPERTY TRANSACTION INCLUDES:</p> <p>(1) CURRENT INDEPENDENT APPRAISALS; AND</p> <p>(2) OFFERS RECEIVED IN A COMPETITIVE AND OPEN BIDDING PROCESS.</p> <p>G. THE COMPENSATION COMMITTEE OR OTHER PARTIES AUTHORIZED BY THE BOARD SHALL ADEQUATELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DECISION. ADEQUATE DOCUMENTATIONS MUST INCLUDE:</p> <p>(1) THE TERMS OF THE TRANSACTION APPROVED;</p> <p>(2) THE DATE THE TRANSACTION IS APPROVED;</p> <p>(3) THE MEMBERS OF THE DECISION MAKING BODY PRESENT DURING DEBATE AND WHO PARTICIPATED IN VOTING;</p> <p>(4) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW IT WAS OBTAINED; AND</p> <p>(5) ANY ACTIONS TAKEN BY ANYONE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION (PERSONS WITH A CONFLICT OF INTEREST MUST NOT BE PRESENT AT THE TIME OF A VOTE AND THIS MUST BE DOCUMENTED IN THE MINUTES).</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE ABOVE
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	MA, MD, ME, MI, NH, NY, OH, OK, OR, PA, SD, WA

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

CASE WESTERN RESERVE UNIVERSITY

Employer identification number

34-1018992

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE 990 RETURN IS POSTED ON THE DIVISION OF FINANCE OFFICE WEBSITE IN ADDITION TO THE EXTERNAL WEBSITE GUIDESTAR. FINANCIAL STATEMENTS ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="461 455 1300 489">(a) Description</th> <th data-bbox="1305 455 1520 489">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="461 495 1300 529">LIFE INCOME ACTUARIAL ADJUSTMENT</td> <td data-bbox="1305 495 1520 529">- 4,548,471</td> </tr> <tr> <td data-bbox="461 535 1300 569">PENSION PLAN CHANGES</td> <td data-bbox="1305 535 1520 569">13,862,150</td> </tr> <tr> <td data-bbox="461 575 1300 588"><b>TOTAL</b></td> <td data-bbox="1305 575 1520 588"><b>9,313,679</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	LIFE INCOME ACTUARIAL ADJUSTMENT	- 4,548,471	PENSION PLAN CHANGES	13,862,150	<b>TOTAL</b>	<b>9,313,679</b>
(a) Description	(b) Amount								
LIFE INCOME ACTUARIAL ADJUSTMENT	- 4,548,471								
PENSION PLAN CHANGES	13,862,150								
<b>TOTAL</b>	<b>9,313,679</b>								

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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Name of the organization

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34-1018992

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ERIE TIMBER LLC (20-0409132) 10900 EUCLID AVENUE, CLEVELAND, OH 44106	TIMBER FARM	OH	546,217	18,509,870	CASE WESTERN RESERVE UNIVERSITY
(2) ERIE FOREST INVESTMENTS LLC (20-5742452) 10900 EUCLID AVENUE, CLEVELAND, OH 44106	TIMBER FARM	OH	0	0	ERIE TIMBER
(3) CASE DENTAL MEDICINE SUPPORT SERVICES, LLC (26-4812902) 10900 EUCLID AVENUE, CLEVELAND, OH 44106	HEALTH CARE	OH	1,669,492	0	CASE WESTERN RESERVE UNIVERSITY
(4) CWRU SCHOOL OF DENTISTRY, ADMIN. SUPPORT, LLC (04-3744118) 10900 EUCLID AVENUE, CLEVELAND, OH 44106	HEALTH CARE	OH	3,882	0	CASE WESTERN RESERVE UNIVERSITY
(5) FPB CLINICAL PRACTICE LLC (82-3519571) 10900 EUCLID AVENUE, CLEVELAND, OH 44106	HEALTH CARE	OH	0	0	CASE WESTERN RESERVE UNIVERSITY
(6) CWRU SCHOOL OF DENTAL MEDICINE AMBULATORY SURGICAL CENTER LLC (93-3957445) 10900 EUCLID AVENUE, CLEVELAND, OH 44106	HEALTH CARE	OH	0	0	CASE WESTERN RESERVE UNIVERSITY

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													